

# Deployment Quarterly

Summer 2001 Vo. 1 Issue 1

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Way Home  
for Guard,  
Reserve**

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Dear Readers,

Welcome to our first issue of *Deployment Quarterly*. We have developed this magazine with you in mind. Through the coming years, we hope to provide you with information and articles that you will find useful and informative. The predecessor to this publication, *GulfNEWS*, proved to be a valuable resource for veterans searching for the latest information about the Gulf War and research. While this publication will have a greater focus, we hope that it will have the same kind of success. A section dedicated to the Gulf War will be a part of this new publication.

We plan to publish a wide-variety of articles ranging from environmental surveillance to force health protection to general topics of interest.

If you received *GulfNEWS* in the past, you will continue to receive this new publication. If you do not wish to continue to receive this magazine, please e-mail my office at [special-assistant@gwillness.osd.mil](mailto:special-assistant@gwillness.osd.mil) and request to be removed from our mailing list. If you prefer to speak with a member of my staff, please call (800) 497 - 6261.

Sincerely,  
Michael E. Kilpatrick, M.D.



#### Our Mission

To advise the Under Secretary of Defense (Personnel & Readiness) on force health issues, we will:

**Foster** actions to protect the health of those involved in deployments.

**Assess** deployments to understand and communicate information concerning non-traditional threats to health.

**Facilitate** change to enhance the health and support for the deploying forces.

#### Our Vision

The Department of Defense recognizes the right of those involved in deployments to receive information that enables them to make informed judgements about their health. The Office of the Special Assistant for Gulf War Illnesses, Medical Readiness and Military Deployments develops and disseminates such information in a relevant and timely fashion and works with other in the Department of Defense to incorporate lessons from previous deployments to enhance the well-being of deployed forces.

## Deployment Quarterly

Office of the Special Assistant to the Under Secretary of Defense (Personnel & Readiness) for Gulf War Illnesses, Medical Readiness and Military Deployments

Volume 1

Issue 1

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# SUMMER 2001



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U.S. Marines of 3/7 L Company from Twentynine Palms, Calif., leave from Clark Air Field, Philippines, for Ternate Beach on April 30, 2001. U.S. Marines were deployed in support of joint exercise Balikatan 2001. Balikatan 2001 is a combined joint exercise of the Republic of the Philippines and the United States. The exercise was held in the Philippines from April 27 to May 10, 2001.

U.S. Army photo by Sgt. Kyran V. Adams



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# News from Around the World

## *DoD slows anthrax vaccination program again*

WASHINGTON (American Forces Press Service) — DoD is further curtailing the anthrax immunization program due to inadequate supplies of the vaccine, DoD officials said June 11.

Effective immediately, only service members assigned to "special mission units" will receive the six-shot series.

The action is necessary because of delays in DoD receiving FDA-approved vaccine from Bioport, the sole source of the vaccine.

Officials said they estimate Food and Drug Administration approval of the Bioport Lansing, Mich., facilities for full production around first quarter 2002. However, that is not definite, said Marine Maj. Gen. Randall West, special assistant to the deputy secretary of defense for chemical and biological protection.

"We have not yet been able to re-establish the supply of certified safe and effective vaccine to continue the program on the schedule," West said during an interview with American Forces Information Service.

He said the contractor is working to achieve FDA approval of the new expanded Bioport manufacturing facility as soon as possible. There are currently a bit more than 24,000 doses of vaccine available for use now.

But until then, DoD will conserve the dwindling supply of approved vaccine. West said only small special operations units, people working on research and some congressionally

mandated studies will continue to receive the vaccine.

This is the third slowdown for the immunization program. In December 1999, DoD stopped inoculating servicemembers other than those deploying to Korea and the Persian Gulf. In November 2000, DoD stopped inoculating service members bound for Korea. Now servicemembers deploying to Southwest Asia will stop receiving the vaccine.

"I wish we had vaccine available to continue the protocols and to continue vaccinating all of our people deploying there," West said.

About 13,000 U.S. servicemembers are deployed to Southwest Asia. DoD and U.S. Central Command will have sufficient antibiotics on hand for post-exposure treatment in case of an attack.

"We'll also have to rely on an even greater way on our forms of protection: chemical/biological protection suits, detectors, intelligence collection and gathering," West said.

West said, in his opinion, it is imperative that DoD resume the vaccination regime as soon as possible. "The sooner we can provide this vaccination protection to the entire force, the better I'll sleep at



U.S. Army photo by Staff Sgt. Bruce A. Suzuki

The Honorable Donald Rumsfeld, Secretary of Defense, speaks to soldiers in the theater at Camp Bondsteel, Kosovo, on June 5, 2001.

night," he said. "The weaponized form of anthrax can be delivered by several munitions, is a very deadly threat. You can't see this, you can't smell it, you can't taste it, it's very difficult to detect and if you haven't been vaccinated, by the time you detect symptoms of anthrax, it's too late to save a person's life."

"When we do have the vaccine replenished the first place the vaccine will go is Southwest Asia," West said. "Army Gen. Tommie Franks (commander, U.S. Central Command) is very concerned about this slowdown."

## **TRANSLOTS 2001 joins reserve, active forces**

NORFOLK, Va. (Army News Service) — More than 740 soldiers from 28 different Army Reserve,



National Guard and active-duty units joined forces to take part in TRANSLOTS 2001, one of the largest annual transportation and logistics exercises held on the East Coast.

The exercise began June 16 and ended June 29. It was held in Virginia's Tidewater area, with parts of it taking place on Fort Eustis, Fort Story, the docks at Lambert's Point in Norfolk and Craney Island in Portsmouth.

"We pulled together active- and reserve-component troops for this exercise with people from as far away as California, Iowa, Illinois, Florida, Washington, D.C., and various other spots," said U.S. Army Lt. Col. Richard Knapp, commander of the 32nd Transportation Group, based in Tampa, Fla.

Three reserve-component transportation battalions and a corps support battalion participated in the exercise. Truck drivers, watercraft operators, cargo handlers and other transportation specialists had an opportunity to practice their military occupational specialties, moving tons of cargo across both land and water.

"Safety is always important, but it's the most important thing when you are moving big pieces of cargo that weigh several tons. It's very easy to have people get hurt if you're not careful, and we are doing everything we can to make this exercise safe," said U.S. Army Lt. Col. Jeffrey Carra of the 483rd Transportation Battalion (Terminal), based in Mare Island, Calif.

In addition to safety challenges inherent in cargo and transportation operations, inclement weather during the exercise created its own set of

safety concerns. Heavy rains reduced visibility and created slick roads, while lightning posed a significant hazard. During one storm, a bolt of lightning struck a crane aboard the Fast Sealift Ship USNS *Regulus*. Fortunately, no one was hurt.

The Army Reserve's 338th Harbormaster Detachment faced the challenges of inclement weather and sustained operations for the first time. The 338th, based on Fort Story, Va., is a new type of unit. It was formed in October to support watercraft activities and ensure safe operations.

During TRANSLOTS 2001, 338th soldiers established a field site on Craney Island, where they coordinated the arrival of landing crafts and amphibious vehicles carrying cargo. They also helped run port operations at Lambert's Point.

"The exercise allowed us to set up in the field and conduct operations like we would during a real-world deployment," said U.S. Army Master Sgt. Oliver S. Couther, noncommissioned officer in charge of the 338th. "We got to work with a lot of the same people we'd have to work with if we deployed. Many of our soldiers are new in the Army and haven't had a chance to experience anything like this. This was a good opportunity for them to learn how to do their mission in the field."

Grecian Firebolt 2001, a worldwide communications exercise, was held at the same time and in some of the same locations as TRANSLOTS. Soldiers of the 228th Signal Brigade based in Spartansburg, S.C., worked on Fort Eustis and Fort Story, and helped provide communications

support to TRANSLOTS participants. The 311th Signal Command from Fort Meade, Md., ran Grecian Firebolt from A.P. Hill, Va.

"Being able to work with the folks participating in Grecian Firebolt was a great benefit," said U.S. Army Maj. John Matthews, communications officer for the 32nd Transportation Group. "We had a lot of communications problems initially, and they were able to help us iron them out."

It was that kind of teamwork that made TRANSLOTS a successful exercise, Matthews said.

"Bringing soldiers from the different parts of the country together, soldiers who we had never worked with each other before, and coming together as a team has been a great experience and has made for a successful exercise," Knapp said.

## Marines seek Camp LeJeune families for survey

WASHINGTON — The U.S. Public Health Service's Agency for Toxic Substances and Disease Registry and the U.S. Marine Corps are trying to locate families in which the wife was pregnant while living in on-base housing at Camp Lejeune, N.C., between 1968 and 1985 to participate in a health survey.

Environmental and health officials have found that Camp Lejeune water distribution systems contained low levels of compounds used in dry cleaning or as degreasers during that 17-year period. All wells supplying the base found to contain these substances were closed in 1985. The

health survey is being conducted by the Agency for Toxic Substances and Disease Registry of the U.S. Public Health Service to improve understanding about the effects these compounds have on children exposed prior to birth.

Researchers estimate that about 16,500 former residents of Camp Lejeune are eligible for this survey. They say they still need about 4,000 more participants to achieve the 80 percent participation rate necessary for a successful survey.

Anyone who lived at Camp Lejeune between 1968 and 1985 who qualifies, or who knows others who qualify, should contact the National Opinion Research Center at (800) 639-4270 to participate. To get more information, interested persons can call the Marine Corps toll-free at (877) 261-9782 or the Agency for Toxic Substances and Disease Registry toll-free at (888) 422-8737. Information about the health survey can also be found on the following web sites:

- <http://www.lejeune.usmc.mil/water/watersurvey.htm>
- <http://www.usmc.mil/camlefwatersurvey>
- <http://www.atsdr.cdc.gov>

## Vets get more money for college

WASHINGTON (Veterans Affairs)  
— Montgomery GI Bill monthly

payments climbed nearly \$100. The rate for full-time training increased from \$552 a month to \$650 for eligible veterans with at least a three-year term of service. The rate for those with a two-year term of service went from \$449 a month to \$528.

Additionally, eligible spouses and children under the Dependents Education Act received an increase from \$485 a month to \$588. This program is for families of veterans who are permanently and totally disabled through their service, or who died while on active duty or shortly after leaving the service.

Servicemembers can now increase their contributions and receive increased benefits later. Members participating in the program contribute \$1,200 at the rate of \$100 each month through the first year of service. The newly allowed additions can be made in \$4 increments to a maximum of \$600, for a total program contribution of \$1,800.

Department of Veterans Affairs basic full-time education benefit of \$23,400 is paid in 36 monthly installments of \$650 and represents a 19.5-to-1 return on a member's \$1,200 investment. Additional contributions would return 9-to-1. A \$600 maximum addition, then, would raise a member's total benefit to \$28,800 — 36 payments of \$800 a month.

Additional changes include: The cost of licensing and certification tests is covered. It previously was not.

The cost of preparation courses for college and graduate school entrance exams for eligible Dependents Education Assistance Program participants is covered.

The maximum break in training allowed before a break in benefits occurs increased from one calendar month to eight weeks.

For more information on veterans educational benefits, visit the VA Web page at <http://www.va.gov>.

## Airman's Manual goes virtual

RANDOLPH AFB (Air Force News Service) — A local web-based Airman's Manual training program designed to keep airmen updated is finding an audience with Air Force people worldwide.

The web site, conceived by 1st Lt. Chris McDaniel, Ogden Air Logistics Command space and C3I systems directorate, was designed to give deployed airmen and people too busy for standard training the ability to stay current on the manual.

The Airman's Manual, Air Force Manual 10-100, is a field book containing practical information and color photographs describing a multitude of tasks for operations under austere locations. The manual covers subjects like pitching a tent, reading a grid map, decontamination procedures and first aid.

The project started when McDaniel couldn't find a comprehensive online training resource to help airmen keep up with training. With a team of three communications and training specialists, he located a host for a web site and the program was up and running in four weeks.

Users can view the entire manual, and test progress and training. The site has eight multiple choice tests containing 20 to 35 questions available for users. When people log on and take the tests, an automated tracking database takes effect so airmen receive credit for doing the training. The system is accessible from any location in the world that has a .mil or .gov Internet address.

Several Air Force bases are using the system reports to document training, and discussions are taking place for possible Air Force-wide use.

The Airman's Manual is available online at <https://commweb.hill.af.mil/AMT/>. ■



**Direct Hotline**

**(800) 497 - 6261**

**For Servicemembers,  
Veterans and their Families**

Office of the Special Assistant  
for Gulf War Illnesses, Medical Readiness  
and Military Deployments





**Q** I've heard the term "Gulf War Syndrome" used in the media. What does that mean?

**A** The expression "Gulf War Syndrome" is useful to the media as a way to refer to the fact that many Gulf War veterans have developed illnesses since their return from the Gulf. Unfortunately, use of that term leads many to believe that the veterans all have the same medical condition or that their ailments all have the same cause.

The consensus of medical scientists in this country is that no unique, previously unrecognized "Gulf War Syndrome" has been identified among ailing Gulf War veterans.

The issue of illness in GW veterans is complex. Veterans who have been evaluated in the Department of Defense's Comprehensive Clinical Evaluation Program have been found to have nearly 500 different main diagnoses. Just 41 different conditions account for 75 percent of the main diagnoses.

About 20 percent of the veterans who have been evaluated in the CCEP and the Veterans Affairs' Persian Gulf Registry have symptoms for which no specific disease or condition could be identified as an explanation. This last group of veterans represents a challenge to modern medical science, which cannot satisfactorily explain why the veterans feel ill. Persons in this last category are often said to have "undiagnosed illness" or "unexplained physical symptoms." Such patients are often cited as evidence for a "Gulf War Syndrome," even though unexplained physical symptoms have been recognized for many years in outpatient, primary care clinics which serve members of the general population.

Although a doctor is certainly free to use the expression "Gulf War Syndrome" when making a diagnosis, those words do not adequately describe the patient's problems, nor is it an accepted medical term. If a patient has unexplained physical symptoms, then the doctor should specifically identify those problems in the diagnoses. Of course, a doctor should declare a patient's symptoms as unexplained only after he has completed a very thorough evaluation to search for signs and test results which may permit a diagnosis of a specific and familiar medical condition.

When a well-known illness can be diagnosed, then the future course of the illness is generally understood by physicians and they should be familiar with the most successful treatments. It is crucial that the patient aggressively partner with his physician in understanding his illness and planning and carrying out its treatment.



Michael E. Kilpatrick, M.D.

are often described for CFS. The other similarities among the conditions are that they are characterized by multiple symptoms, lack confirmatory objective evidence for their presence (e.g., laboratory tests, x-ray findings), and have unknown causes. These similarities do not mean that the conditions

are biologically related or that they have a similar cause. They represent ailments which medical science does not understand with respect to causation, prognosis, or optimal treatment.

As you know, CFS is very poorly understood by medical science. Although the symptoms reported by patients such as yourself are real and often severe, research has failed to find any underlying physical or psychological explanation for these symptoms. The cause or causes are unknown. Against the above background, there has been no evidence that CFS can be linked to service during the Gulf War in the sense of cause and effect. Although some Gulf War veterans have developed CFS in the years since the conflict, other veterans who never left the United States have also been diagnosed with the conditions.

In short, there is no way to specifically connect their Gulf War service in the subsequent onset of chronic fatigue syndrome. ■



Francis O'Donnell, M.D.

**Q** My doctor just diagnosed me with chronic fatigue syndrome. Can this be related to my service during the Gulf War?

**A** There are similarities between the symptoms of some Gulf War veterans with unexplained physical symptoms or undiagnosed illnesses and those of people with chronic fatigue syndrome (CFS). Many of the roughly 20,000 veterans who have unexplained symptoms report the types of symptoms that

If you are a Gulf War veteran, you are eligible for medical evaluation either through the DoD's Comprehensive Clinical Evaluation Program or the Department of Veterans Affairs Persian Gulf Registry. The eligibility period for care and compensation for Gulf War veterans with undiagnosed illnesses has been extended to December 31, 2001.

If you have questions, please give the special assistant's office a call at (800) 497-6261 or write via e-mail to [special-assistant@guillness.osd.mil](mailto:special-assistant@guillness.osd.mil). ■

# Call in the Reserves

## *Guardsmen, Reserves ease strain of shrinking active duty force*

by austin camacho

In the last decade, the Reserve Component has truly become a fully integrated part of our military force, working in concert with the active-duty forces on almost every mission. One result of that change is that National Guard and Reserve units are a lot busier. The military drawdown of the mid-1990s and more long-term deployments have had a major effect on the operational tempo of our citizen soldiers, sailors, airmen and Marines.

Col. Terry Jones of the Pentagon's Reserve Affairs office says one way to measure Reservist activity is in terms of the number of days Reservists spend on military duty.

"For the past five years it's been pretty steady," Jones says. "In 1989, the Guard and Reserve were used a little more than a million duty days. For the past five years the National Guard and Reserve have been utilized for support to the active force for a total of between 12.5 and 13.5 million duty days per year."

To put that into perspective, 12.5 million duty days is a day's work from every crewman on the USS Enterprise including the air wing, for five years and 10 months. It's the whole 10<sup>th</sup> Mountain Division pulling a shift for 3.25 years. All of U.S. Air Forces, Europe would spend nearly a year to work 12.5 million duty days. In fact, it's the equivalent of putting the entire Marine Corps to work every day for 2.5 months.

Part of the reason for that increased workload is that the active forces shrank by about a third during the 1990s. Today, the Reserve Component represents half of America's military

capability. And while the National Guard and Reserve are a greater proportion of the force now, we must remember they were also part of that drawdown, and lost almost 25 percent of their members.

While military personnel strength has declined, mission demands have grown. In 1995 deployments to Bosnia began, followed by Reservists being sent to Southwest Asia in 1998, and to Kosovo in 1999. This means that currently the Reserve component supports three different presidential call-ups, which Jones believes is unprecedented.

Those long-term deployments employ mostly ground troops, but they don't encompass the entire Reserve Component mission. Day-to-day military work continues as it did before the major presidential call-ups began.

"Air National Guard and Air Force Reserve tanker units are up all the time," Jones says. "Transport units are moving all the time. Fighter units are constantly on alert in Alaska, Texas and Florida. There are disaster relief missions that the National Guard supports, and missions in Latin America which all the Reserve Components support."

In order to get the job done, Guardsmen and Reservists face many of the same challenges met by active duty forces. The services have to compete with a healthy civilian economy to

Two injured sailors are prepared for takeoff by Master Sgt. James E. Owens, 183rd Aeromedical Evacuation Squadron, Mississippi Air National Guard from Jacksonville, Miss. The C-141 aircraft is taking the sailors to Naval Station Norfolk, Va., for further medical treatment.



Photo by Staff Sgt. Mike L. Taylor

recruit high quality members. Proper deployment preparation requires units to train longer and harder. And maintenance of vehicles and equipment becomes more pivotal when our forces go into action overseas. However, in some ways Reserve Component members face challenges that are unique.

"National Guard and Reserve members have a full-time commitment to America but they serve in a part-time capacity," Jones says. "They have civilian employers who they have to work with. One of the challenges they face is balancing their civilian jobs, along with their military commitments and their family commitments."

The Pentagon is working to make that balancing act a little easier. Handling military commitments is easier when the military properly handles its commitment to servicemembers, and a large part of that lies in maintaining clear lines of communication up and down the chain of command. That can stop the rumors that add to the stress of upcoming deployments. New programs should be explained before they are put into operation. And commanders must ensure that Guardsmen and Reservists are informed well in advance of deployments.

"Another thing that commanders can do," Jones says, "is to make sure they get the employer a set of orders well in



advance of the military mission. The impact on employers spreads like a wave to affect the whole community. Our citizen soldiers, sailors, airmen and Marines are vital members of their communities. When they deploy it leaves important gaps. It is easier for companies and communities to cope with the loss when they can plan for it."

## Year of the Employer

The Defense Department is working to help Reserve Component members balance job commitments in other ways, too. One example is this year's National Guard program called "The Year of the Employer." More than just a slogan or theme, the program's goal is to increase recognition for employers of Guard members and to strengthen existing processes and relationships that reach out to those employers.

Commanders will be meeting with employers and arranging for them to

visit Guard missions in order to help them understand what their employees are facing.

Jones says maximizing predictability is the most important factor in making deployments easier to handle, especially for family members. With such a fast pace and frequency of deployments, it's more important than ever for people to know how often they can expect to deploy.

## Expeditionary Aerospace Force

One example of the Pentagon's efforts in that direction is the Air Force's Expeditionary Aerospace Force. As a planning tool it doesn't reduce deployments, but it does provide greater stability and

predictability for those involved, including Reserve Component members.

One major change created by the EAF is that it defines the level of deployment units can sustain. A pair of rotating Aerospace Expeditionary Wings provides crisis response capabilities. The plan looks beyond counting aircraft to measure actual tempo. For example, it takes into account the many deployments that involve only support forces. The objective is to control home base operational pace and deployment lengths, because these things are critical to long-term retention and readiness.

To further assist family members, the Pentagon's Reserve Affairs team has put together a family readiness strategic plan. The plan shows that Pentagon leaders recognize the importance of keeping spouses well advised as to what their benefits are, and how to best prepare for deployments. The details are all in "The Guide to Reserve Family Member Benefits Handbook," available on the Reserve Affairs web site.

"With so much of the total force's capability in National Guard and Reserve units," Jones says, "the Pentagon must remember their needs if future deployments are to be successful." ■



Air National Guard F-16 aircraft, from the 169th Fighter Wing, fly over the coast of South Carolina. The Air National Guard routinely takes an active role in the Air Force mission.

U.S. Air Force photo by Master Sgt. Thomas Stroup



Members of the 129th Air Rescue Wing, Moffett Federal Airfield, and Commandos of the Fuerza Aerea de Chile, participate in a mass casualty evacuation exercise, a joint-nation effort of the California Air National Guard and the Chilean Air Force.

California Air National Guard photo by Reserve Major Sgt. Dennis W. Goff

**"For the past five years, the National Guard and Reserve have been utilized for support to the active force for a total of between 12.5 and 13.5 million duty days per year."**

# Navy scientists develop new testing capabilities to determine chemical warfare agent exposure

by kelly sharbel

The Military Veterans Health Coordinating Board Research Working Group has approved a research project that will use newly developed testing capabilities and frozen blood samples from 1990-91 to determine whether members of a U.S. Marine Corps unit were exposed to certain chemical substances during their participation in the Gulf War.

The \$705,000 project will be led by Navy Captains Craig Hyams, M.D. and J.D. Malone, M.D., both infectious disease specialists. The study will be a collaborative effort, which will include researchers from the Department of Veterans Affairs, the Centers for Disease Control and Prevention, and the U.S. Army Center for Health Promotion and Preventive Medicine.

The project's roots are found in U.S. Navy surveillance work done by Hyams and Malone 10 years ago when they administered health evaluation questionnaires and drew blood samples from about 1,000 members of the Second Marine Division. The first questionnaires were administered and the first blood samples were drawn in December 1990, a few days prior to the unit's deployment to Southwest Asia. The questionnaire sought demographic data and information about previous overseas assignments.

Within a few days of their return to Camp Lejeune, N.C., in May 1991, about 900 of the original cohort of Marines were administered a second questionnaire and submitted a second blood sample. The second questionnaire sought information about the Marines' general health and symptoms during deployment. Portions of both blood samples were analyzed for exposure to infectious diseases. The remainder of the samples were frozen.

At the time of the war, Hyams and Malone were focused on infectious diseases and conducted tests on the sera for such diseases as sand fly fever, Norwalk virus infections, Shigella virus, and number of other types of viruses indigenous to the Gulf region. These studies showed that Gulf War troops

were frequently exposed to the bacteria which commonly causes traveler's diarrhea but there was no evidence of exposure to sand fly fever. In order to preserve this resource for future analysis, both the pre-deployment and post-deployment sera samples have remained frozen at minus 70 degrees Celsius since being taken from the Marines.

"There are no sample collections like this one, where we obtained information and blood samples just before they left and just after they returned," Hyams says. "Having a pre- and a post-deployment sample, plus health data collected from veterans at the end of the war, is what makes this so valuable. We know what they were like when they left and we know what they were like when they returned."

These Marines initially were deployed to Saudi Arabia, but then saw action in Kuwait during the war.

"This cohort appeared healthy when they returned, though they reported experiencing the same kinds of general symptoms and illnesses in the desert that other veterans reported when they came home," Malone recalls.

Within the past year, however, new techniques have been developed that allow CDC scientists to test those sera samples in ways they were unable to test in the past. This new capability means that Hyams and Malone and their research team for the first time will be able to test the Marines' sera for chemical warfare agents, organophosphate and chlorinated pesticides, sulfur mustard and smoke from oil well fires.

"This is totally new," Hyams said. "Only in the last year has it been possible to begin developing this capability at the CDC, which allows us to test the serum samples collected near the time of exposure."

That will be the focus of the team's work over the next eighteen months. The team plans to compile a comprehensive profile of the Marine unit to include the information contained on the

pre- and post-deployment questionnaires, their geographic locations while in the region and the health problems they have encountered since their return.

Hyams is quick to point out that this research project has its limitations. For example, the testing methodology is so new that its accuracy is not yet known. Therefore, one of the major goals of this study is to evaluate these new tests.

The experimental nature of the tests also means that it may not be possible to say definitely whether an evaluated veteran was exposed to a particular chemical substance.

Also, the number of troops is small. Only about 100 randomly selected veterans can be tested initially. Since only 100 individual veterans can be tested, their locations and exposures are restricted to a few areas in northern Saudi Arabia and Kuwait. Consequently, the research findings may not be applicable to other units located elsewhere in the theater.

"We are going to learn something from this research, but it may not answer individual veteran's questions," he says.

Nevertheless, Hyams believes the project will have important long-term benefits by leading to new monitoring and testing methods that will stimulate the development of simple and effective procedures to assess military personnel for exposure to toxic agents in future conflicts. In addition, the project will develop a new database for future analysis of adverse exposures during the Gulf War as new tests and hypotheses are developed.

One hundred of the Marines who participated in the original questionnaire and blood sampling will be contacted by the research team seeking their permission to use their blood serum for testing in this project. Because participants have to be selected randomly for the study to have any meaning, it is not possible for veterans to request testing at this time. ■



## *Mustard agent exposure assessment remains 'indeterminate'*



The Department of Defense released on July 12 the final version of its case narrative, "Reported Mustard Exposure Operation Desert Storm." This final report concludes the investigation into the possibility that a soldier was exposed to mustard agent during the Gulf War. Investigators from the Office of the Special Assistant for Gulf War Illnesses, Medical Readiness and Military Deployments assessed this incident as "indeterminate."

This final report concurs with the interim narrative published in October last year. Since then, no new evidence and no new leads were developed that contradict the assessment as stated in the second interim report. However, minor editorial changes were made prior to publishing this final report.

The investigation examines the March 2, 1991, diagnosis of then-Pfc. David A. Fisher as having been exposed to liquid mustard chemical warfare agent. Among the strongest evidence supporting the conclusion that he was exposed to a chemical warfare agent were statements from well-trained medical personnel who diagnosed and treated the injury as an exposure to mustard agent. However, the only surviving evidence that supports a mustard exposure was a videotape of a MM-1 operator's screen during an examination of a flak jacket.

For further reading, this narrative is posted on GulfLINK at [http://www.gulfink.osd.mil/fisher\\_final/](http://www.gulfink.osd.mil/fisher_final/).

### **11th Marines final report released**

The Defense Department released on May 31 its conclusion of the investigation into accounts of possible chemical incidents involving

the 11th Marines artillery regiment during the Gulf War. First published in 1998, the "11th Marines" case narrative assessed the likelihood of the presence of chemical warfare agents and examined why the 11th Marines reported so many incidents. Since 1998, investigators from the Office of the Special Assistant for Gulf War Illnesses, Medical Readiness and Military Deployments have gained a greater understanding as to why so many incidents and alerts were recorded and the possibility of chemical warfare agent presence by further researching Gulf War chronologies, unit logs and other new information provided by Gulf War veterans.

Investigators believe that false positive chemical warfare agent tests triggered some incidents. All detection devices available to Marines in the Gulf War — the Fox Nuclear Biological and Chemical Reconnaissance Vehicle, the M256 Chemical Agent Detection Kit, the Chemical Agent Monitor, the Remote Sensing Chemical Agent Alarm and the M8A1 Automatic Chemical Agent Alarm System — could produce a false positive indication in the presence of substances other than chemical warfare agents.

For more reading, go to [http://www.gulfink.osd.mil/11marines\\_ii/](http://www.gulfink.osd.mil/11marines_ii/).

### **Chemical warfare agent exposure an 'unlikely'**

The Department of Defense released May 31 the results of its latest investigation of events during the Gulf War. The case narrative, "Reported Chemical Warfare Agent Exposure in the 2d Reconnaissance Battalion," focuses on a group of Marines who reported experiencing

injuries that originally appeared symptomatic of chemical warfare agent exposure. Investigators from the Office of the Special Assistant for Gulf War Illnesses, Medical Readiness and Military Deployments concluded the Marines involved were unlikely to have been exposed to chemical warfare agents. This assessment is based on interviews of the Marines who sought treatment, the medical personnel who treated them and the opinion from a medical expert who specializes in identifying chemical warfare casualties.

For further reading online, go to [http://www.gulfink.osd.mil/2d\\_recon/](http://www.gulfink.osd.mil/2d_recon/).

### **Paper explains Fox vehicle capabilities**

The updated version of its Fox NBC Reconnaissance Vehicle information paper was released in March. The paper provides details on the capabilities and limitations of the Fox Nuclear, Biological and Chemical Reconnaissance vehicle, during the Gulf War. At the time of the Gulf War, the Fox vehicle was the most sophisticated, technically complex piece of chemical warfare agent detection equipment to be used by U.S. Forces.

Since the information paper was published in 1997, the Office of the Special Assistant for Gulf War Illnesses, Medical Readiness and Military Deployments has received new information from other investigations involving Fox vehicles that updates some of the material presented in the original paper. The updated version contains more in-depth technical information obtained from Fox vehicle experts and better explains the use of Fox vehicles during the Gulf War.

For more reading, go to [http://www.gulfink.osd.mil/fox\\_vehicle\\_ii/](http://www.gulfink.osd.mil/fox_vehicle_ii/). ■

# DeploymentLINK

by austin camacho

Members of every military service, both active and Reserve Components, know that at any time they could be deployed to a place they know little about, and could be exposed to unfamiliar risks. The Department of Defense hopes to keep servicemembers better informed with a new web site called *DeploymentLINK*. The site was launched on April 2.

The Office of the Special Assistant for Gulf War Illnesses has operated the *GulfLINK* web site since 1996. Late last year, the office's mission expanded to include medical readiness and military deployment issues. Barbara Goodno, the office's director of public affairs and outreach, says that made the need for a new web site obvious.

"The Defense Department has learned a lot about the need to protect deployed servicemembers from investigating the events of the Gulf War," Goodno says. "We need to let people know how we're

applying those lessons learned from the Gulf War to today's deployments, and those in the future."

The new site will contain a wealth of information, but getting to the desired area of interest will be easy. Like *GulfLINK*, *DeploymentLINK* will be fully searchable. Also, separate buttons will steer visitors to details of the lessons learned, as well as the latest news, current hot issues, and a list of the most frequently asked questions about deployments. However, Goodno says the focus on present and future overseas missions does not mean less attention to Gulf War veterans' concerns.

"*GulfLINK* will remain on the Internet, linked to *DeploymentLINK*," she says. "We have several investigations to complete and research into the illnesses of Gulf War veterans is ongoing. We'll keep *GulfLINK* updated with the results of those investigations and that research. We need to be here to answer veterans' questions as long as they have concerns."

In fact, *DeploymentLINK* has a special tab on its homepage to Gulf War illnesses, in addition to tabs for

*Left: Scott Henderson and SFC Albert Garcia view information provided on DeploymentLINK.*

*Photo by Lisa A. Gates*



*Servicemembers, veterans and their families can use the DeploymentLINK to access a wealth of information on past, current and future deployments. The web site address is: <http://deploymentlink.osd.mil>.*

medical readiness and deployments. The information those tabs reveal is not just for people in the military. It should be easy for veterans and civilians to also locate the information they need.

You might assume that some Washington think-tank or a Pentagon planning team decided what the new web site would look like and what information would be featured. Not this time.

"We gathered what are called focus groups to look at our web site in its formative stages," Goodno says. "Ten different groups of people of various sizes gave us their input. Some were senior military, some were junior. Some were family members, and some were just interested civilians. And believe me, they were not shy about what they liked and didn't like."

Goodno says her team showed the focus groups different formats, tabs, buttons and colors to see what appealed to them most. They also demonstrated different ways information could be broken down and displayed. After discussions with these groups, she says two messages came through more clearly than any others.

"All the groups made it clear that it's not about the look of a web site, it's about content," Goodno says. "As long as they can find what they want to know, they'll be happy."





The other strong message from the focus groups involved shaping the information presented for different audiences. This part, she says, was a big change from the goals of the GulfLINK web site, which was primarily aimed at Gulf War veterans.

"They wanted the site to be a source, not just for Private Snuffy who is young and computer savvy, but also for

Private Snuffy's Aunt Sally, who wants to know what he'll be doing in that far-off country she's never heard of before," Goodno says. "They also wanted pages for teens and younger readers, who might want to do a report on where mom or dad is going. So we have to present the information in different ways."

Goodno says young people's pages are planned for the future, as *DeploymentLINK* matures, grows and changes with time. And the web site's users will continue to shape its content in the months ahead. Following the example of its sister site, *DeploymentLINK* will be interactive.

The tab labeled "contact us" offers the option of sending an e-mail to the special assistant, and lists contact telephone numbers and

the mailing address.

The "frequently asked questions" tab will constantly change as letters, phone calls and e-mails come in. Each question will give the Office of the Special Assistant a better idea of what information needs to be posted on the web site. Goodno says that communication is important not just as a guide to what should be added to the site, but also as a source of ideas from the site's users.

"We're depending on the servicemembers, family members and veterans to tell us what they want to know," Goodno says. "For

every person who asks a question, there are many more out there who want to know the same thing. We want to respond to the audience's needs, not decide for them what they should see on the site. We really want their feedback."

The "contact us" tab will direct visitors to an easy way to be added to the site's mailing list. Those who put themselves on the list will be notified whenever new information is posted on the web site.

Goodno says she is confident that *DeploymentLINK* will compare favorably with other web sites on the Internet in terms of its overall look and user-friendliness. However, she says the focus groups made it clear that the success of the web site would depend less on its appearance than on interesting, useful and timely content. So the

Office of the Special Assistant plans to update the site every few days, with news articles written by the special assistant's analysts, DoD news releases and other relevant information from outside experts. Their intention is that if someone visits the site two

*"We want them to know we are open to them, care about them, and want to make the dangerous job of being a soldier, sailor, airman or Marine a little less dangerous."*

- Barbara Goodno



or three times each week, they should find something new every time. The latest additions will be listed on the homepage, with links from each headline to the entire items.

Goodno says she is pleased with the office's new web site, but that she and her team will not rely on the Internet as the only way to communicate with the military and the public.

"*DeploymentLINK* is great, but it's only a part of our overall communication plan," she says. "We continue to speak and set up displays at National Guard and Reservists' conventions, as well as the conventions of major veterans service organizations like the American Legion and the Veterans of Foreign Wars. We meet with about a dozen military and veterans service organizations monthly to update them on what we've learned so they can pass that information to their constituents."

"Our experts give briefings to senior military leaders, here and abroad. We work with the media to get important information out through the press and television news. Our staff still answers the telephones to respond in person to specific questions. And, of course, we respond to every individual who writes us a letter or sends us an e-mail."

The important thing, she says, is that people in the military, and those who are concerned with our servicemembers and veterans, can get the information they need.

"The most important purpose our new *DeploymentLINK* web site can serve, is to keep people from feeling separated from the Department of Defense. We want them to know we are open to them, care about them, and want to make the dangerous job of being a soldier, sailor, airman or Marine a little less dangerous." ■





U.S. Marines stationed at Kaneohe, Hawaii, assigned to air wing squadrons HMH 366, 463 and Marine Aviation Logistics Support Element Kaneohe board amphibious assault ship USS Boxer (LHD 4).

U.S. Navy photo by PNE Lina Gonzalez

# Researchers study effects of deployments on military families

by diana berardocco

The Gulf War reinforced what the Defense Department has known for many years: deployments take a toll on military members' health and well-being. That recognition has led to a sustained effort by DoD to examine those deployment issues which impose significant strain on servicemembers and impair force readiness.

The decade following the Gulf War saw an unprecedented number of peacekeeping and humanitarian missions, some with rapid call-ups, back-to-back deployments and open-ended return dates. This increased operational tempo — coupled with a decrease in manpower — exposed military members to a wide range of stressful circumstances, including anxiety about how the family would manage.

Under its expanded responsibility to advise the secretary of defense on deployment-related health concerns, the Office of the Special Assistant for

Gulf War Illnesses, Medical Readiness and Military Deployments will continue to provide support and information for military members and veterans who have concerns about these and other health-related deployment issues.

Research indicates that the degree to which servicemembers are satisfied or dissatisfied with their deployment experiences can influence morale and support for a mission and, as importantly, influence future career intentions. Mindful of existing data, in 1996, the U.S. Army used a combination of interviews and a Europe-wide spouse survey to determine how well Europe-based U.S. Army spouses and the Army's family support system were coping

with the stresses of Operation Joint Endeavor.

Following the 1995 Dayton Peace Accords, Bosnia-Herzegovina was divided into three zones, with the United Kingdom, France and the United States each taking the lead in

one sector to implement the military aspects of the peace agreement. Operation Joint Endeavor, a major NATO multi-national force deployment, was to provide hope for peace in the war-plagued Balkans. Achieving the major goals of the deployment was originally expected to



take approximately one year. However, it soon became clear that a longer period of time would be needed.



As part of a multi-organization research project, from April to July 1996, the Walter Reed Army Institute for Research and the U.S. Army Research Institute studied what family members need to know to enhance their adaptation to deployment stress and help sustain military family well-being. The study, "USAREUR Family Support During Operation Joint Endeavor," by Bruce Bell, et al., evaluated the ability of U.S. Army Europe and Seventh Army families to adapt to the stresses of Operation Joint Endeavor in Bosnia and Hungary in 1996.

The research project began because U.S. Army Europe, the Chief of Staff of the Army, and the Army's Deputy Chief of Staff for Personnel asked the Walter Reed Army Institute of Research and the U.S. Army Research Institute to provide research on how spouses were handling the strains of a large deployment and to provide

immediate feedback to command leaders and family support professionals on how to improve family support operations.

Researchers surveyed spouses of soldiers who deployed and conducted group and individual interviews of spouses, family service providers and Army leaders from four U.S. Army Europe and Seventh Army communities: Bad Kreuznach, Kirchgoens, and Baumholder, Germany, and Vicenza, Italy. The community visits and the Europe-wide survey resulted in interviews with 257 individuals and surveys from 1,776 spouses.

"We handed out surveys in the field, collected information, and gave installation leadership feedback in real time," said Bruce Bell, a lead researcher on the study.

The seven issues studied were spouse support for the mission, the effect of Operation Joint Endeavor on families, types of families which were a challenge for service providers, rest and recuperation programs, communications between spouse and soldier, Family Assistance Center operations and spouse ratings of family service agencies.

Researchers found that although the deployment was unpopular and the stress levels were high, the spouses felt that the Army was doing what it could to support them.

Findings suggested the following:

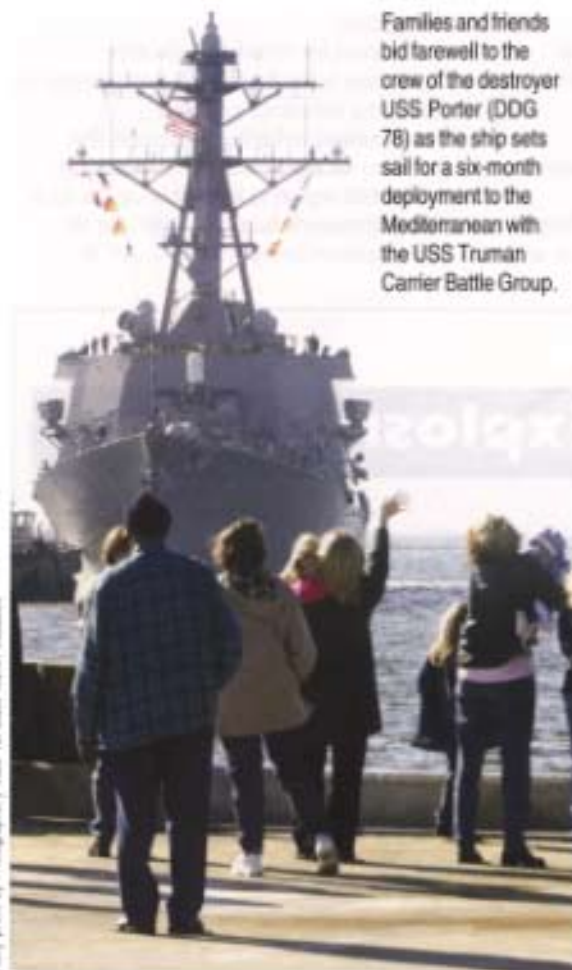
- Spouse support for having soldiers participate in the peace-keeping mission was relatively low. Only 29 percent favored the mission.



Aviation Electronics Technician 2nd Class David Cecka from Leavenworth, Wash., is greeted by his happy family upon arrival in Whidbey Island, Washington.

U.S. Navy Photo by Photographer's Mate 2nd Class Michael B. W. Watkins

Families and friends bid farewell to the crew of the destroyer USS Porter (DDG 78) as the ship sets sail for a six-month deployment to the Mediterranean with the USS Truman Carrier Battle Group.



Navy photo by Photographer's Mate 1st Class Martin Blacklock

- Spouse support was significantly related to the spouses' reported level of preparedness; more than half of those who felt "very prepared" were in favor of their soldiers serving, compared to 15 percent who reported being "very unprepared."

- About half the spouses believed that Operation Joint Endeavor had a negative impact on them and their families.

- Stress levels were higher during than before the deployment but were somewhat lower than those observed during the Gulf War.

- Financial problems were less frequent than in other recent major deployments.

- Use of various family support services was high and the services were evaluated as helpful.

More Operation Joint Endeavor spouses (85 percent) reported that "their unit" had an active Family Support Group than was observed in other major deployments.

- Satisfaction with mail service and communications was greater than during the Gulf War.

- Leaders were concerned about maintaining soldiers' mission focus and soldier and family morale during periods of deployment which spanned up to 12 months.

In an effort to address these concerns, a rest and recuperation program was instituted providing soldiers deployed, or expected to be deployed, to Bosnia for six months or more, with up to two weeks of mid-tour rest and recuperation.

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# Families find deployments difficult, but find comfort in knowing loved ones are safe

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Survey responses showed most spouses favored the rest and recuperation program; however, the short-term impact seemed to increase stress symptoms, to increase depression, and to reduce retention desires, especially for spouses with children. Responses indicated home leave was stressful because it disrupted newly established routines, required another painful good-bye, and was associated with increased depression in spouses after the soldier deployed.

Despite misgivings about the U.S. role in this peacekeeping mission, most spouses believed their soldiers were well trained for the mission and that the Army was doing all it could do to keep their soldiers safe.

The study noted that spouse support for the soldier and the soldier's mission is an important factor that influences soldier morale and duty performance. Spouses troubled by mission uncertainty, their soldier's safety and accuracy of information about the mission indicated lower levels of support for having soldiers serving in Bosnia. In contrast, those spouses who reported

using the more formal military sources of information such as Armed Forces Network and command briefings reported less mission uncertainty.

According to the study, the key impact on family appeared to be the length of tour. Spouses responded that a year would be too hard on the

family, with 68 percent reporting that the length was worrisome for them. Many spouses commented that their soldier had recently completed another lengthy deployment that in effect expanded the family separation up to 24 months. Researchers found that these problems notwithstanding, the spouses showed good ability to adapt to the

stresses of Army life.

Researchers summarized the following recommendations, briefed senior installation leaders and disseminated their findings throughout Europe immediately following the data collection:

- Make a greater effort to help families understand the mission and

its prospects for success. Spouses who understand the mission are more supportive of it.

- Make greater use of "Stars and Stripes," unit videos, command briefings, Armed Forces Radio and Family Support Group telephone trees to increase understanding, and support for the mission.

- If possible, reduce tour length to six months or at least make the tour for a given soldier a fixed length.

- Document how the tour length and uncertain return date affected the retention of married soldiers.

- Re-examine policies and resources devoted to childcare during long deployments with particular focus on providing short-term care to help reduce stress for spouses of deployed soldiers.

- Excessively dependent spouses or families may benefit from efforts to help them develop independence, teaching them how to network and become more self-reliant.

- Consider offering a shorter Operation Joint Endeavor deployment in place of a mid-tour rest and recuperation, which aggravated the problem of readjusting to separation.

The full report is available on the U.S. Army Research Institute web site at <http://www.ari.army.mil/pdf/oje.pdf>. ■



U.S. Army photo by Spec. Richard F. Cancian

## Explosive Work

### Just a Part of the Job

U.S. Army Sgt. Anthony Perfetto, left, and U.S. Army Spec. Brad Borgelt, right, from the 789th Ordnance Company out of Fort Benning, Ga., examine grenade fuzes on June 1, 2001. The munitions were turned in by the Liberation Army of Presevo, Medvedja and Bujanovac during the relaxation of the buffer zone between Kosovo and Serbia. The munitions were destroyed as part of the routine work that explosive ordnance disposal personnel perform at "EOD Hill" at Camp Bondsteel in Kosovo.



# Tracking the health of military infants



by austin camacho

The widely reported suspicion that birth defects found in children of veterans are associated with the parents' service in the Gulf War is one example of the concern military people feel about the possible consequences of harmful exposures they might face in wartime. In the past, the Department of Defense has not had the records to verify a possible increase in birth defects, or to relate any birth defects to a possible cause. To be better prepared for a similar situation after future deployments, DoD created the National Department of Defense Birth Defects Registry at the DoD Center for Deployment Health Research, Naval Health Research Center in San Diego, Calif. The registry, established Jan. 1, 1999, now maintains the health records of what has become a worldwide military birth surveillance program.

"It's really a matter of being able to have data to answer important questions before they come up," says Navy Lt. Cmdr. Margaret Ryan, principal investigator for the pro-

gram. "And it's not a DoD question specifically. The civilian community has the same kinds of concerns about reproductive hazards."

There are some 3,000 to 5,000 different birth defects, and they are the leading cause of infant death. There is no nationwide birth defects registry even though some states have established registries. These registries collect information on children with birth defects. Because few state registries gather birth defects data from military hospitals, these registries can't easily be used to study birth defects among military families. Also, civilian hospital data often can't be linked to military records because civilian hospitals may not release social security numbers or other personal identifying information for privacy reasons.

"Birth defects and other adverse reproductive outcomes are common and unfortunate events that often provide very vivid evidence of the fragility of human conception and development," said Michael Kilpatrick, M.D., deputy director of medical readiness in the special assistant's office for Gulf War illnesses, medical readiness and military developments.

The DoD registry gathers live birth information from all the uniformed services' DoD electronic inpatient and outpatient records. That includes all military facilities and data from civilian hospitals when the medical care is funded by TRICARE. A team from the Naval Health Research Center works out of one of the largest DoD medical facilities, the Naval Medical Center, San Diego, to personally review medical charts, clinic records and consultations relating to infants born at the center, manually double-checking the accuracy of the electronic input.

The registry tracks 45 major birth defect categories using the same definitions and codes used by the state registries and the Centers for Disease Control and Prevention. With this information, DoD can determine which birth defects are most common, provide information about any increases in the incidence of specific birth defects and compare the rates of birth defects among different groups. For example, researchers can compare the rates of birth defects between deployed servicemembers and non-deployed servicemembers.

"One value of the registry is its potential to identify exposures not previously known to be associated with birth defects. That can guide future research," Ryan says.

The registry's mission includes providing annual figures on birth defect prevalence. A preliminary report was recently released, presenting information about the more than 46,000 live births the uniformed services reported between Jan. 1, 1999, and June 30, 1999. Ryan says this is preliminary information, but it does reveal some general trends in military births to compare with the general population.

"Nationally, about three to five percent of live births will have a major birth defect," Ryan says. "What we have seen in military families is a prevalence of four percent. And looking at the proportion of which defects are seen, it looks parallel to what we see in the civilian states that report birth defects."

The most common birth defects, in military or civilian families, are congenital heart problems. Ryan says the data compiled by the registry will help scientists in their search for the causes of these and

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# New DoD program helps TRICARE beneficiaries with debt collection problems

by austin camacho

Employed servicemembers and their families have enough to worry about without the thought of unpaid medical bills affecting their credit rating. Now a new Debt Collection Assistance Officer Program offers help to them and TRICARE eligible retirees when doctor bills get turned over to collection agencies.

The problem surfaced at the Defense Department's first Military Family Forum. Incorrect billing to servicemembers for outstanding medical bills became a key issue. In one case, a soldier at the forum explained that the bill for medical care he received at a civilian facility had somehow gone to a collection agency. The soldier was still on active duty, which means the U.S. Army should have paid for his care in full.

Bernard Rostker, former undersecretary of defense for personnel and readiness, responded to the news by issuing a memo that created the Debt Collection Assistance Officer Program within DoD's health care program, TRICARE. Its purpose is to prevent servicemembers from having the burden of resolving individual healthcare claims. Rostker's memo makes it clear that TRICARE beneficiaries should not have to worry about negotiations with multiple agencies to settle outstanding claims that lead to notices from bill collectors or adverse ratings in their credit reports caused by billing errors.

"Our servicemembers deserve

assistance and relief from unwarranted collection actions resulting from unpaid medical claims," said Rostker.

Within 30 days, the program was up and running. Marcia Bonifas, director of customer service and beneficiary education at the TRICARE Management Agency, says the program provides a point of contact at every military treatment facility and TRICARE lead agency office worldwide for beneficiaries whose bills have gone into collection.

"The debt collections assistance officers are prepared to work for the beneficiary, to get all the information needed from the beneficiary to research the problem and find out why a claim wasn't paid or whether a claim was ever submitted," Bonifas said.

Debt collection assistance officers are prepared to intercede with all the agencies involved with a medical bill. That could mean contacting military treatment facilities, personnel offices, civilian healthcare providers, managed care contractors, and if necessary, debt collection agencies. Bonifas says she and TRICARE leaders had no idea how widespread the problem of unpaid medical bills might be when they started the program.

"Customer service representatives, health benefits advisors, beneficiary counseling and assistance coordinators, ombudsmen and patient advocates at military treatment facilities were already doing that

work, but we didn't keep tabs on how often such claims were submitted," said Bonifas.

A number of possible causes of billing error have already surfaced. Something as simple as the wrong code being typed into a form could cause a bill for covered treatment to go unpaid. Sometimes military families seek health care while staying at a temporary address or en route during a change of station and the original bill can't find them. A beneficiary may never have filed a claim, or a civilian health care provider may not have submitted a bill. It's even possible that due to paperwork confusion a managed care support contractor simply didn't pay a bill. Or, a beneficiary may owe a co-payment they were unaware of.

TRICARE officials have tried to make it easy to find the right person to investigate billing problems. A directory of debt collection assistance officers is posted on the military health system/TRICARE website ([http://www.tricare.osd.mil/tricare/beneficiary/bncc\\_dir.htm](http://www.tricare.osd.mil/tricare/beneficiary/bncc_dir.htm)).

"The site lists the name and phone number of every debt collection assistance officer," said Bonifas. "It goes by region, and then by state. The website also has the roles and responsibilities of the debt collection assistance officer."

Those responsibilities include researching the history of TRICARE claims with the priority unit at the claims processor, and to notify the beneficiary of the resolution. Bonifas said the objective is to give the TRICARE eligible person some peace of mind while the assistance officer works the problem.

"Debt collection assistance officers give the beneficiary a form to fill out that says they understand we are going to contact the collection agency in their name," continued Bonifas. "We tell the collection agency that we, the government, are working to resolve the issue, and ask them to please hold up any further debt collection for 30 days while we try to





figure out where the problem is."

However, Bonifas cautions TRICARE beneficiaries not to go to the assistance officer thinking he will magically make bad credit disappear.

"We don't have the legal basis for that," she said. "But when we research the issue, if we find the cause of the problem was the fault of the government, then we will give the beneficiary a letter they can give to the credit bureau which says there are extenuating circumstances as to why this person went to collection and ask that it be admitted as evidence in their file."

It's best to be prepared to answer a few questions before calling the debt collection assistance officer, Bonifas says. Beneficiaries can best help the assistance officers help them, by providing all the documentation associated with a bill.

"We must have the notice from the collection agency or the credit bureau," she said. "We need the bill from the provider who gave the care, and we need the explanation of benefits they received. If they don't have it, we ask them to call the collection agency for that documentation and a copy of the

original bill."

Bonifas says the best defense against credit problems for TRICARE beneficiaries is to seek help as soon as possible with questions about their medical bills. Help is available, before bills reach a collection agency, at local TRICARE service centers and military treatment facilities. A list of regional beneficiary and assistance coordinators is available on-line. For a complete listing, go to TRICARE web site at [http://www.tricare.osd.mil/tricare/beneficiary/bcac\\_dir.htm](http://www.tricare.osd.mil/tricare/beneficiary/bcac_dir.htm). ■

## Military tracking number of healthy babies born

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other birth defects. Currently, she says, very few exposures are known to be associated with birth defects.

"Certain medications like thalidomide are linked to defects," Ryan says. "Certain antibiotics are associated with hearing problems. But the vast majority of the time we cannot point to a particular exposure that caused a defect."

She says science may be years away from definite answers, but that finding those answers is of the utmost importance. Her medical experience has helped her to understand the frustration of parents whose children are born with special challenges.

"I did my internship in OB/GYN," Ryan says. "I certainly feel for people who have babies with

birth defects and are struggling—

From my clinical experience, everyone who has a child with a birth defect questions what caused that defect. If they are Gulf War veterans, if they are not Gulf war veterans, if they are a civilians, whoever they are. Anyone who has a child with a birth defect wants to find a cause. Unfortunately and frustratingly, very, very few people know with certainty what

caused a birth defect."

Still, she has no doubt that the National Department of Defense Birth Defects Registry is an important tool for monitoring birth defects within the DoD. The data collected can be used to monitor changes over time or differences in various geographic locations. It will also provide baseline rates for future research when hazardous environmental exposures are suspected.

"We knew we needed to look at the Gulf War deployment as a potential risk for birth defects," Ryan says. "If we had the registry set up then we could have pulled data fairly quickly. When people raise the question in the future deployments, we'll have data available." ■

## Leading Categories of Birth Defects

The estimated incidences for the leading categories of birth defects are provided in the table. Birth defects are grouped into three major categories: 1) structural/metabolic; 2) congenital infections; and 3) other conditions. Birth defects of the heart and circulatory system affect more infants than any other type of birth defect. Of all infants born each year, approximately 1 in 115 births, has heart and/or circulatory defects.

Note: All numbers are based on the best available estimates, which underestimate the incidence of many birth defects.

Sources: March of Dimes Perinatal Data Center, 2000. Unpublished review of the literature and information from various state and regional, birth defects surveillance systems (California, Iowa, Metropolitan Atlanta, New York, and Texas).

Birth Defects	Estimated Incidence
<b>Structural/Metabolic</b>	
Heart and circulation .....	1 in 115 births
Muscles and skeleton .....	1 in 130 births
Club foot .....	1 in 735 births
Cleft lip/palate .....	1 in 930 births
Genital and urinary tract .....	1 in 135 births
Nervous system and eye .....	1 in 235 births
Anencephaly .....	1 in 8,000 births
Spina bifida .....	1 in 2,000 births
Chromosomal syndromes ..	1 in 600 births
Down syndrome	
(Trisomy 21) .....	1 in 900 births
Respiratory tract .....	1 in 900 births
Metabolic disorders .....	1 in 3,500 births
PKU .....	1 in 12,000 births
<b>Congenital Infections</b>	
Congenital syphilis .....	1 in 2,000 births
Congenital HIV infection .....	1 in 2,700 births
Congenital rubella	
syndrome .....	1 in 100,000 births
<b>Other</b>	
Rh disease .....	1 in 1,400 births
Fetal alcohol syndrome	1 in 1,000 births

# RESOURCES

## Guide



### **Air Force Association**

1501 Lee Highway  
Arlington, VA 22209-1198  
Phone: (800) 727-3337  
<http://www.afa.org>

### **American Legion**

1608 K St., NW  
Washington, DC 20006  
Phone: (202) 861-2700  
<http://www.legion.org>

### **American Red Cross**

17th & D Streets, NW  
Washington, DC 20006  
Phone: (202) 639-3520  
<http://www.redcross.org>

### **AMVETS**

4647 Forbes Blvd.  
Lanham, MD 20706  
Phone: (877) 726-8387  
<http://www.amvets.org>

### **Association of the U.S. Army**

2425 Wilson Blvd.  
Arlington, VA 22201  
Phone: (800) 336-4570  
<http://www.ausea.org>

### **Department of Veterans Affairs**

810 Vermont Ave, NW  
Washington, DC 20400  
Phone: (202) 273-4300  
<http://www.va.gov>

### **Disabled American Veterans**

807 Maine St., SW  
Washington, DC 20024  
Phone: (202) 554-3501  
<http://www.dav.org>

### **Enlisted Association of the National Guard**

1219 Prince St.  
Alexandria, VA 22314  
Phone: (800) 234-3264  
<http://www.eangus.org>

### **Fleet Reserve Association**

125 N. West St.  
Alexandria, VA 22314-2754  
Phone: (703) 683-1400  
<http://www.fra.org>

### **Marine Corps League**

8626 Lee Highway, #201  
Merrifield, VA 22031  
Phone: (800) 625-1775  
<http://www.mcleague.org>

### **National Guard Association**

of the United States  
1 Massachusetts Ave., NW  
Washington, DC 20001  
Phone: (202) 789-0031  
<http://www.ngaus.org>

### **Naval Reserve Association**

1619 King St.  
Alexandria, VA 22314-2793  
Phone: (703) 548-5800  
<http://www.navy-reserve.org>

### **Navy League**

2300 Wilson Blvd.  
Arlington, VA 22201  
Phone: (800) 356-5760  
<http://www.navyleague.org>

### **Non Commissioned Officers Association**

225 N. Washington St.  
Alexandria, VA 22314  
Phone: (703) 549-0311  
<http://www.ncoausa.org>

### **Reserve Officers Association**

1 Constitution Ave., NE  
Washington, DC 20002  
Phone: (800) 809-9448  
<http://www.roa.org>

### **Retired Officers Association**

201 N. Washington St.  
Alexandria, VA 22314  
Phone: (800) 245-8762  
<http://www.troa.org>

### **Veterans of Foreign Wars**

200 Maryland Ave., NE  
Washington, DC 20002  
Phone: (202) 543-2239  
<http://www.vfw.org>

### **Vietnam Veterans of America**

8605 Cameron Street, Suite 400  
Silver Spring, MD 20910-3710  
Phone: (301) 585-4000  
<http://www.vva.org>

## MORE Information

### **Direct Hotline for Servicemembers, Veterans and Families**

<http://www.gulflink.osd.mil>

(800) 497-6261

### **Department of Veterans Affairs**

<http://www.va.gov>

(800) 827-1000

### **VA Persian Gulf War Registry**

(800) 749-8387

### **VA Benefits and Services**

<http://www.va.gov/vba/health/>

(877) 222-VETS